

Substitute for form 1449/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(Use as many sheets as necessary)</i>				Complete if Known	
				Application Number	09/724,319
				Filing Date	November 27, 2000
				First Named Inventor	Schenk, Dale B.
				Art Unit	1649
Examiner Name	Ballard, Kimberly				
Sheet	1	of	1	Attorney Docket Number	15270J-004743US

NON PATENT LITERATURE DOCUMENTS			
Examiner Initials *	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²
	5-36	U.S. Application No. 09/724288, Notice of Allowance mailed 03/23/2009.	<input type="checkbox"/>
	5-35	U.S. Application No. 10/232030, Notice of Allowance mailed 09/04/2008.	<input type="checkbox"/>
	5-38	U.S. Application No. 11/304986, Notice of Allowance mailed 07/10/2009.	<input type="checkbox"/>
	5-37	U.S. Application No. 11/707639, Notice of Allowance mailed 08/20/2009.	<input type="checkbox"/>
	5-39	U.S. Application No. 12/181238, Notice of Allowance mailed 03/05/2010.	<input type="checkbox"/>

Examiner Signature	/Kimberly Ballard/	Date Considered	12/15/2010
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¹EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

² Applicant's unique citation designation number (optional). ² Applicant is to place a check mark here if English language Translation is attached.